

**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of  
Decedent

Charles Donaldson

Sex

M

Date of Death

Dec 25, 1976

Place of  
Death

Marlborough MA

Date of  
Birth

Jan 2, 1890

Immediate  
Cause

gastric hemorrhage

Certifier

John Paul Cheever M.D./D.O.

Permit  
Issued To

Morris Funeral Home

Disposition  
At

Hope Cemetery

Name of  
Facility

Morris F.H.

Date Permit  
Issued

Nov 17, 2016

# The Commonwealth of Massachusetts

No. 16-1

### OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

*(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)*

*This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.*

City/Town Southborough Date Nov 17 2016

**A satisfactory death certificate having been filed for**

A satisfactory death certificate having been filed for

Charles Robert Donaldson

Full name of decedent

Full name of decedent

who died on December 25, 1976 US War Veteran .....  
date of death

date of death

born on ..... , who resided at .....

date of birth

109 Main Street  
Seymour, Oregon 97137

and who died of arteriosclerosis heart disease

and who died of arteriosclerosis of the heart disease

give immediate cause

Permission is hereby given for (check all appropriate boxes):

Removal from: Rural Cemetery, Southborough, MA  
name and address of original disposition

name and address of original disposition

[ ] Disposition at: .....  
name and address of cemetery or crematory

name and address of cemetery or crematory

[ ] Transportation to: .....  
name and address of immediate destination of remains

name and address of immediate destination of remains

**Permission is hereby given to:**

Permission is hereby given to: Morris Lures at Home

name of facility

40 Main St, South Weymouth Ma

address of facility

## The Commonwealth of Massachusetts

No. 16-2

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Southborough Date Nov 17 20 16

A satisfactory death certificate having been filed for

Charles Robert Donaldson

Full name of decedent

who died on December 25, 1976 US War Veteran —

date of death

born on \_\_\_\_\_, who resided at \_\_\_\_\_

date of birth

109 Main Street  
Southborough MA 01772

and who died of arteriosclerotic heart disease

give immediate cause

Permission is hereby given for (check all appropriate boxes):

☐ Removal from: \_\_\_\_\_

name and address of original disposition

☒ Disposition at: Hope Cemetery, Worcester MA

name and address of cemetery or crematory

☐ Transportation to: \_\_\_\_\_

name and address of immediate destination of remains

Permission is hereby given to:

Morris Funeral Home

name of facility

40 Main St, Southborough MA

address of facility



0000150575

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 036682

**RECEIVED**  
**TOWN CLERK'S OFFICE**

2017 JUL -5 A 11: 10

Information necessary for the Certificate of Death has been completed for:

<b>DECEDENT</b>	<b>Decedent Name</b> BEALS , ELAINE --	<b>SOUTHBOROUGH, MA</b>	
	<b>Place of Death</b> 2 CHESTNUT HILL ROAD, SOUTHBOROUGH, MA		
	<b>Date of Death</b> AUGUST 21, 2016	<b>Date of Birth</b> FEBRUARY 01, 1923	<b>Sex</b> FEMALE
	<b>Residence</b> 2 CHESTNUT HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	<b>If U.S. veteran, specify war/conflict(s) (most recent)</b> NO		
<b>CERTIFIER</b>	<b>Branch of military (most recent)</b>		<b>Rank/organization/outfit(most recent)</b>
	<b>Date entered(most recent)</b>		<b>Date Discharged (most recent)</b>
	<b>Service Number(most recent)</b>		
<b>CERTIFIER</b>	<b>Certifier</b> URSULA COLLINSON, MD		<b>Lic #</b> 154214
	<b>Addr.</b> 1 WEST BOYLSTON STREET, WORCESTER, MASSACHUSETTS 01605		
	<b>Immediate Cause of Death</b> AUTONOMIC DYSFUNCTION		
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>			
<b>DISPOSITION</b>	<b>Funeral Licensee/ Designee</b> PHILLIP R. SHORT		<b>Lic #</b> 50881
	<b>Facility.</b> WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS		
	<b>Disposition Type</b> CREMATION		<b>Date of Disposition</b> AUGUST 24, 2016
	<b>Place/Address</b> ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603		
<b>Endorsements</b>			
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for:</b> SOUTHBOROUGH
	<b>State Tracking #</b> 036682		<b>Local Permit #</b> E-PERMIT
	<b>Date</b> AUGUST 24, 2016		<b>Date</b> -- <b>Name of Agent</b> --
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>		
	<b>Place of Disposition (Facility Name and Address)</b> Riverside Cemetery Glenallen street Winchendon MA 01475		<b>Signature</b> X
	<b>Disposition Type</b> Burial	<b>Date of Disposition</b> June 10, 2017	<b>Name of Superintendent or Authorized Designee:</b> George LaBarge

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

16294



0000150575

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 036682

RECEIVED  
TOWN CLERK'S OFFICE

2016 SEP - 7 P 3:18

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>BEALS , ELAINE —</b>		
	Place of Death <b>2 CHESTNUT HILL ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>AUGUST 21, 2016</b>	Date of Birth <b>FEBRUARY 01, 1923</b>	Sex <b>FEMALE</b>
	Residence <b>2 CHESTNUT HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
CERTIFIER	Branch of military (most recent) _____		
	Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier <b>URSULA COLLINSON, MD</b> Lic # <b>154214</b>		
	Addr. <b>1 WEST BOYLSTON STREET, WORCESTER, MASSACHUSETTS 01605</b>		
DISPOSITION	Immediate Cause of Death <b>AUTONOMIC DYSFUNCTION</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/Designee <b>PHILLIP R. SHORT</b> Lic # <b>50881</b>		
	Facility <b>WILLIAM R. SHORT &amp; SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b> Date of Disposition <b>AUGUST 24, 2016</b>		
PERMIT	Place/Address <b>ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603</b>		
	Endorsements		
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>036682</b>	Local Permit # <b>E-PERMIT</b>	
	Date <b>AUGUST 24, 2016</b>	Date _____	
CONFIRMATION	Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>All Faiths Crematory, Worcester</b>		Signature <b>X</b> <i>Sean P. Anderson</i>
	Disposition Type <b>Cremation</b>	Date of Disposition <b>8/26/2016</b>	Name of Superintendent or Authorized Designee: <b>Sean P. Anderson</b>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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SEP - 7 2016

Southborough Board of Health

 0000150575 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL  OR TRANSPORTATION  PERMIT</b>		State File # <b>2016 036682</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>BEALS , ELAINE ---</b>				
	Place of Death <b>2 CHESTNUT HILL ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>AUGUST 21, 2016</b>		Date of Birth <b>FEBRUARY 01, 1923</b>		Sex <b>FEMALE</b>
	Residence <b>2 CHESTNUT HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---		
	Date entered(most recent) ---		Date Discharged (most recent) ---		Service Number(most recent) ---
	Certifier <b>URSULA COLLINSON, MD</b> Lic # <b>154214</b>				
	Addr. <b>1 WEST BOYLSTON STREET, WORCESTER, MASSACHUSETTS 01605</b>				
	Immediate Cause of Death <b>AUTONOMIC DYSFUNCTION</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>PHILLIP R. SHORT</b> Lic # <b>50881</b>				
	Facility. <b>WILLIAM R. SHORT &amp; SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>AUGUST 24, 2016</b>		
	Place/Address <b>ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>036682</b>		Local Permit # <b>16-12</b>		
	Date <b>AUGUST 24, 2016</b>		Date <b>AUGUST 24, 2016</b>		
		Name of Agent <b>JAMES F. HEGARTY</b>			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)			Signature  X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		


#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

64846

		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL  OR TRANSPORTATION  PERMIT</b>		State File # <b>2016 045533</b>	
0000162655 Form R-309 07012014		<div style="text-align: right;"> <b>RECEIVED</b>  <b>DEC 02 2016</b> </div>			
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>RHODES , MARY L</b>				
	Place of Death <b>3 BOSWELL LANE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>OCTOBER 18, 2016</b>		Date of Birth <b>DECEMBER 17, 1957</b>		Sex <b>FEMALE</b>
	Residence <b>3 BOSWELL LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier <b>JAMES E HOWE, MD</b>				
	Lic # <b>71209</b>				
	Addr. <b>24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772</b>				
DISPOSITION	Immediate Cause of Death <b>ENDOMETRIAL CANCER</b>				
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
	Funeral Licensee/ Designee <b>NANCYG MORRIS</b>				
	Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
PERMIT	Disposition Type <b>CREMATION</b>				
	Date of Disposition <b>OCTOBER 24, 2016</b>				
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
	<b>Endorsements</b>				
	Registry of Vital Records and Statistics				
CONFIRMATION	State Tracking # <b>045533</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	Date <b>OCTOBER 20, 2016</b>		Local Permit # <b>E-PERMIT</b>		
	Date _____		Date _____		
	Name of Agent _____		Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
Place of Disposition (Facility Name and Address) <b>Rural Crematory  180 Grove Street  Worcester, MA 01605</b>			Signature <b>X John H Cobill</b>		
Disposition Type <b>CREMATION</b>			Date of Disposition <b>OCT 27 2016</b>		
Name of Superintendent or Authorized Designee: <b>John H Cobill</b>					

### Acceptance of Permit **Cremation**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000162655 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 045533</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>RHODES , MARY L</b>				
	Place of Death <b>3 BOSWELL LANE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>OCTOBER 18, 2016</b>		Date of Birth <b>DECEMBER 17, 1957</b>		Sex <b>FEMALE</b>
	Residence <b>3 BOSWELL LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
<b>CERTIFIER</b>	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier <b>JAMES E HOWE, MD</b> Lic # <b>71209</b>				
	Addr. <b>24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772</b>				
	Immediate Cause of Death <b>ENDOMETRIAL CANCER</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>OCTOBER 24, 2016</b>		
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>045533</b>		Local Permit # <b>16-16</b>		
	Date <b>OCTOBER 20, 2016</b>		Date <b>OCTOBER 24, 2016</b> Name of Agent <b>JAMES F. HEGARTY</b>		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature  <div style="text-align: center;">X</div>	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit


Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



64539

 0000151489 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL  OR TRANSPORTATION  PERMIT</b>		State File # <b>2016 037343</b> OCME CASE # 2016-10622 <b>RECEIVED</b> <b>TOWN CLERK'S OFFICE</b> <b>2016 OCT -31 P 2:03</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>MERLONI , JEFFREY JAMES</b>		SOUTHBOROUGH, MA		
	Place of Death <b>12 E MAIN STREET, SOUTHBOROUGH, MA</b>				
	Date of Death <b>AUGUST 26, 2016</b>	Date of Birth <b>OCTOBER 25, 1960</b>	Sex <b>MALE</b>		
	Residence <b>12 E MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier <b>ANAND B. SHAH, MD</b>		Lic # <b>263749</b>		
	Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02125</b>				
	Immediate Cause of Death <b>PENDING</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>NANCYG MORRIS</b>		Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 05, 2016</b>		
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>037343</b>	Local Permit # <b>16-13</b>			
	Date <b>AUGUST 29, 2016</b>	Date <b>AUGUST 29, 2016</b> Name of Agent <b>JAMES F. HEGARTY</b>			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Crematory</b> <b>180 Grove Street</b> <b>Worcester, MA 01605</b>		Signature <b>John H. Cobell</b> X		
	Disposition Type <b>cremation</b>	Date of Disposition <b>SEP 07 2016</b>	Name of Superintendent or Authorized Designee: <b>John H. Cobell</b>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000151489 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 037343</b> OCME CASE # 2016-10622	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>MERLONI , JEFFREY JAMES</b>				
	Place of Death <b>12 E MAIN STREET, SOUTHBOROUGH, MA</b>				
	Date of Death <b>AUGUST 26, 2016</b>		Date of Birth <b>OCTOBER 25, 1960</b>		Sex <b>MALE</b>
	Residence <b>12 E MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
<b>CERTIFIER</b>	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged(most recent) _____		Service Number(most recent) _____
	Certifier <b>ANAND B. SHAH, MD</b> Lic # <b>263749</b>				
	Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02125</b>				
	Immediate Cause of Death <b>PENDING</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 05, 2016</b>		
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	State Tracking # <b>037343</b>		Local Permit # <b>16-13</b>		
	Date <b>AUGUST 29, 2016</b>		Date <b>AUGUST 29, 2016</b> Name of Agent <b>JAMES F. HEGARTY</b>		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature  <div style="text-align: center;">X</div>	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		


#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

64522

 0000151659 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL  OR TRANSPORTATION  PERMIT</b>		State File # <b>2016 037611</b> <b>RECEIVED</b> <b>TOWN CLERK'S OFFICE</b> <b>2016 OCT -3 P 2:02</b> <b>SOUTHBOROUGH, MA</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>LEEDS JR, JOHN HUNTING</b>				
	Place of Death <b>118 MIDDLE ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>AUGUST 28, 2016</b>		Date of Birth <b>AUGUST 20, 1946</b>		Sex <b>MALE</b>
	Residence <b>118 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b> Branch of military (most recent) <b>NAVY</b> Rank/organization/outfit (most recent) <b>USS SOUTHERLAND</b> Date entered (most recent) <b>SEPTEMBER 09, 1964</b> Date Discharged (most recent) <b>FEBRUARY 16, 1966</b> Service Number (most recent) <b>9131219</b>				
CERTIFIER	Certifier <b>TAMMY HARRIS, MD</b> Lic # <b>53037</b>				
	Addr. <b>24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	Immediate Cause of Death <b>ALZHEIMER'S DISEASE</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 02, 2016</b>		
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics State Tracking # <b>037611</b> Date <b>AUGUST 30, 2016</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date --- Name of Agent ---		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Crematory  180 Grove Street  Worcester, MA 01605</b>		Signature X <b>John H Cobill</b>		
CONFIRMATION	Disposition Type <b>cremation</b>		Date of Disposition <b>SEP 02 2016</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000151659

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 037611

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>LEEDS JR, JOHN HUNTING</b>		
	Place of Death <b>118 MIDDLE ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>AUGUST 28, 2016</b>	Date of Birth <b>AUGUST 20, 1946</b>	Sex <b>MALE</b>
	Residence <b>118 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b>		
	Branch of military (most recent) <b>NAVY</b>		Rank/organization/outfit (most recent) <b>USS SOUTHERLAND</b>
	Date entered (most recent) <b>SEPTEMBER 09, 1964</b>	Date Discharged (most recent) <b>FEBRUARY 16, 1966</b>	Service Number (most recent) <b>9131219</b>
	Certifier <b>TAMMY HARRIS, MD</b>		Lic # <b>53037</b>
	Addr. <b>24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
DISPOSITION	Immediate Cause of Death <b>ALZHEIMER'S DISEASE</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>		Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
PERMIT	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 02, 2016</b>
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
	Endorsements		
	Registry of Vital Records and Statistics		
CONFIRMATION	State Tracking # <b>037611</b>		Local Permit # <b>16-14</b>
	Date <b>AUGUST 30, 2016</b>		Date <b>AUGUST 30, 2016</b>
	Name of Agent <b>JAMES F. HEGARTY</b>		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
CONFIRMATION	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:


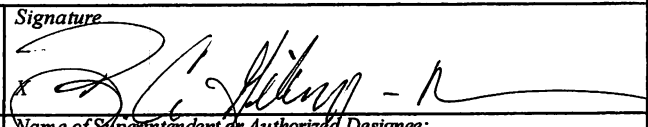
**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

64522

 0000151659 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 037611</b> <b>RECEIVED</b> <b>TOWN CLERK'S OFFICE</b> <b>2016 SEP 19 P 4: 12</b> <b>SOUTHBOROUGH, MA</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>LEEDS JR, JOHN HUNTING</b>				
	Place of Death <b>118 MIDDLE ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>AUGUST 28, 2016</b>		Date of Birth <b>AUGUST 20, 1946</b>		Sex <b>MALE</b>
	Residence <b>118 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b> Branch of military (most recent) <b>NAVY</b> Rank/organization/outfit (most recent) <b>USS SOUTHERLAND</b> Date entered (most recent) <b>SEPTEMBER 09, 1964</b> Date Discharged (most recent) <b>FEBRUARY 16, 1966</b> Service Number (most recent) <b>9131219</b>				
CERTIFIER	Certifier <b>TAMMY HARRIS, MD</b> Lic # <b>53037</b> Addr. <b>24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	Immediate Cause of Death <b>ALZHEIMER'S DISEASE</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 02, 2016</b>		
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics State Tracking # <b>037611</b> Date <b>AUGUST 30, 2016</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date <b>---</b> Name of Agent <b>---</b>		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 118 MIDDLE ROAD SOUTHBOROUGH, MA</b>		Signature 		
CONFIRMATION	Disposition Type <b>INTERMENT</b>		Date of Disposition <b>Sept. 16, 2016</b>		Name of Superintendent or Authorized Designee: <b>BRIDGET H. GILBERT - DELORENZO</b>


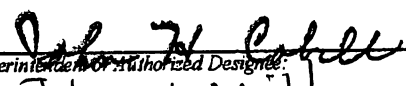
#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

64283



		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2016 032235</b>
0000144947 Form R-309 07012014				
Information necessary for the Certificate of Death has been completed for:				
DECEDENT	Decedent Name <b>EARHART , LOIS J.</b>			
	Place of Death <b>13 CAROLYN TERRACE, SOUTHBOROUGH, MA</b>			
	Date of Death <b>JULY 23, 2016</b>		Date of Birth <b>FEBRUARY 17, 1919</b>	
	Sex <b>FEMALE</b>			
	Residence <b>13 CAROLYN TERRACE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
	Branch of military (most recent)		Rank/organization/outfit (most recent)	
	Date entered (most recent)		Date Discharged (most recent)	
	Service Number (most recent)			
CERTIFIER	Certifier <b>STEPHEN HOFFMANN, MD</b>			
	Addr. <b>61 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702</b>			
	Immediate Cause of Death <b>ACUTE RESPIRATORY FAILURE</b>			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>			
	Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>			
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JULY 26, 2016</b>	
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			
<b>Endorsements</b>				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>	
	State Tracking # <b>032235</b>		Local Permit # <b>E-PERMIT</b>	
	Date <b>JULY 26, 2016</b>		Date --- Name of Agent ---	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address) <b>Rural Crematory          180 Grove Street          Worcester, MA 01605</b>		Signature X 	
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JUL 28 2016</b>	

### Acceptance of Permit **Cremation**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000144947 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 032235</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>EARHART , LOIS J.</b> Place of Death <b>13 CAROLYN TERRACE, SOUTHBOROUGH, MA</b> Date of Death <b>JULY 23, 2016</b> Date of Birth <b>FEBRUARY 17, 1919</b> Sex <b>FEMALE</b> Residence <b>13 CAROLYN TERRACE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
	Branch of military (most recent)      Rank/organization/outfit(most recent) ---      ---				
	Date entered(most recent)      Date Discharged (most recent)      Service Number(most recent) ---      ---      ---				
	Certifier <b>STEPHEN HOFFMANN, MD</b> Lic # <b>51102</b> Addr. <b>61 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702</b> Immediate Cause of Death <b>ACUTE RESPIRATORY FAILURE</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>JULY 26, 2016</b> Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
	<b>Endorsements</b>				
	<b>PERMIT</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	Registry of Vital Records and Statistics State Tracking # <b>032235</b> Date <b>JULY 26, 2016</b>		Local Permit # <b>16-10</b> Date <b>JULY 26, 2016</b> Name of Agent <b>JAMES F. HEGARTY</b>		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature  X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		


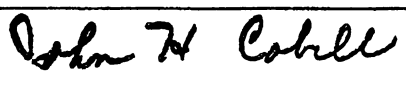
#### Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

64147

 0000140578 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 029187</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>CHEESEMAN JR., EVANS WILLIAM</b>				
	Place of Death <b>30 MAPLECREST DRIVE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>JULY 01, 2016</b>		Date of Birth <b>SEPTEMBER 30, 1946</b>		Sex <b>MALE</b>
	Residence <b>30 MAPLECREST DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier <b>GORDON S. MANNING, MD</b> Lic # <b>49844</b>				
	Addr. <b>154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581</b> Immediate Cause of Death <b>METASTATIC URACHAL ADENOCARCINOMA</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JULY 06, 2016</b>		
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>029187</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>JULY 05, 2016</b>		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Crematory 180 Grove Street Worcester, MA 01605</b>		Signature 		
	Disposition Type <b>cremation</b>	Date of Disposition <b>JUL 07 2016</b>	Name of Superintendent or Authorized Designee: <b>John H Cahill</b>		



**Acceptance of Permit**

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



 0000140578 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 029187</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>CHEESEMAN JR., EVANS WILLIAM</b>				
	Place of Death <b>30 MAPLECREST DRIVE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>JULY 01, 2016</b>		Date of Birth <b>SEPTEMBER 30, 1946</b>		Sex <b>MALE</b>
	Residence <b>30 MAPLECREST DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
<b>CERTIFIER</b>	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---		
	Date entered(most recent) ---		Date Discharged (most recent) ---		Service Number(most recent) ---
	Certifier <b>GORDON S. MANNING, MD</b>				
	Lic # <b>49844</b>				
	Addr. <b>154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581</b>				
Immediate Cause of Death <b>METASTATIC URACHAL ADENOCARCINOMA</b>					
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>				Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JULY 06, 2016</b>		
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>029187</b>		Local Permit # <b>16-9</b>		
	Date <b>JULY 05, 2016</b>		Date <b>JULY 05, 2016</b>		
Name of Agent <b>JAMES F. HEGARTY</b>					
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature	
	Disposition Type			Date of Disposition	
			Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000146623

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 033600

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>MAURO , CALVIN J.</b>	
	Place of Death <b>25 PARK STREET, SOUTHBOROUGH, MA</b>	
	Date of Death <b>JULY 31, 2016</b>	Date of Birth <b>JULY 19, 1926</b> Sex <b>MALE</b>
	Residence <b>25 PARK STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>	
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>	
	Branch of military (most recent) ---	Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) Service Number(most recent) ---
	Certifier <b>ALLA BOLKHOVSKY, MD</b> Lic # <b>50367</b>	
	Addr. <b>761 WORCESTER ROAD, FOURTH FLOOR, FRAMINGHAM, MASSACHUSETTS 01701</b>	
DISPOSITION	Immediate Cause of Death <b>PERIPHERAL VASCULAR OCCLUSIVE DISEASE</b>	
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:	
	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>	
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>	
PERMIT	Disposition Type <b>BURIAL</b> Date of Disposition <b>AUGUST 06, 2016</b>	
	Place/Address <b>11, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>	
	Endorsements	
	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>033600</b>	Local Permit # <b>E-PERMIT</b>
Date <b>AUGUST 03, 2016</b>	Date ---	
CONFIRMATION	Name of Agent ---	
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDAVILLE RD., SOUTHBOROUGH, MA SEC. 2, GRV#112</b>	Signature 
	Disposition Type <b>FULL EARTH BURIAL</b>	Date of Disposition <b>AUG. 6, 2016</b>
		Name of Superintendent or Authorized Designee: <b>BRIDGET H. GILMAN-DELENZO</b>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000139614

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 028785

RECEIVED  
TOWN CLERK'S OFFICE

2016 JUL 21 P 2:07

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	JACHOWICZ , PHYLLIS MARIE		
	Place of Death	7 PRENTISS STREET, SOUTHBOROUGH, MA		
	Date of Death	JUNE 26, 2016	Date of Birth	JULY 11, 1929
	Sex	FEMALE		
	Residence	7 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	Date entered(most recent)	Date Discharged(most recent)	Service Number(most recent)	
	Certifier	ZACHARY SPIGELMAN, MD		Lic # 55820
	Addr.	99 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death	METASTATIC COLON CANCER		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	DOUGLAS L TERSONI	Lic # 50904
	Facility	NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition JUNE 30, 2016
	Place/Address	NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	028785	Local Permit #	E-PERMIT
	Date	JUNE 30, 2016	Date	---
			Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	Newton Crematory 791 Walnut St. Newton, MA 02459	X [Signature]	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	CREMATION	7/31/2016	Edgell Gray

## Acceptance of Permit

EDGELL GRAY CEMETERY

53 C  
FRAMINGHAM, MA 01701

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000139614

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 028785

Information necessary for the Certificate of Death has been completed for:

RECEIVED  
TOWN CLERK'S OFFICE  
2016 JUL 14 A 10:49  
SOUTHBOROUGH, MA

DECEASED	Decedent Name	JACHOWICZ , PHYLLIS MARIE		
	Place of Death	7 PRENTISS STREET, SOUTHBOROUGH, MA		
	Date of Death	JUNE 26, 2016	Date of Birth	JULY 11, 1929
	Residence	7 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
CERTIFIER	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	Date entered(most recent)	Date Discharged(most recent)	Service Number(most recent)	
	Certifier	ZACHARY SPIGELMAN, MD		Lic # 55820
	Addr.	99 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death	METASTATIC COLON CANCER		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	DOUGLAS L TERSONI	Lic # 50904
	Facility.	NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition JUNE 30, 2016
	Place/Address	NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	028785	Local Permit #	E-PERMIT
	Date	JUNE 30, 2016	Date	---
			Name of Agent	---



CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	Disposition Type	Date of Disposition	
	Newton Crematory 791 Walnut St. Newton, MA 02459	Mary Ann Bunas	
	cremation	7/01/2016	Name of Superintendent or Authorized Designee:

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000139614 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 028785</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>JACHOWICZ , PHYLLIS MARIE</b>				
	Place of Death <b>7 PRENTISS STREET, SOUTHBOROUGH, MA</b>				
	Date of Death <b>JUNE 26, 2016</b>		Date of Birth <b>JULY 11, 1929</b>		Sex <b>FEMALE</b>
	Residence <b>7 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
<b>CERTIFIER</b>	Certifier <b>ZACHARY SPIGELMAN, MD</b> Lic # <b>55820</b>				
	Addr. <b>99 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702</b>				
	Immediate Cause of Death <b>METASTATIC COLON CANCER</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>DOUGLAS L TERSONI</b> Lic # <b>50904</b>				
	Facility. <b>NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JUNE 30, 2016</b>		
	Place/Address <b>NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	State Tracking # <b>028785</b>		Local Permit # <b>16-8</b>		
	Date <b>JUNE 30, 2016</b>		Date <b>JULY 05, 2016</b> Name of Agent <b>JAMES F. HEGARTY</b>		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature  <div style="text-align: center;">X</div>	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		


#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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 0000128403 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2016 024232</b> OCME CASE # 2016-687	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>PEDERSEN , BONNIE L</b>		SOUTHBOROUGH, MA RECEIVED TOWN CLERK'S OFFICE 2016 JUN 31 A 11:02		
	Place of Death <b>11 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>MAY 31, 2016</b>	Date of Birth <b>OCTOBER 27, 1942</b>	Sex <b>FEMALE</b>		
	Residence <b>11 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier <b>RICHARD J. EVANS, MD</b>		Lic # <b>58622</b>		
	Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b> Immediate Cause of Death <b>PENDING</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>NANCYG MORRIS</b>		Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JUNE 06, 2016</b>		
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>024232</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>JUNE 01, 2016</b>		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Name and Address) <b>Rural Crematory          180 Grove Street          Worcester, MA 01605</b>		Signature <b>X John H. Cobill</b>		
	Disposition Type <b>cremation</b>	Date of Disposition <b>JUN 06 2016</b>	Name of Superintendent or Authorized Designee: <b>John H. Cobill</b>		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000128403 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 024232</b> OCME CASE # 2016-6874	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>PEDERSEN , BONNIE L</b>				
	Place of Death <b>11 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>MAY 31, 2016</b>		Date of Birth <b>OCTOBER 27, 1942</b>		Sex <b>FEMALE</b>
	Residence <b>11 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
<b>CERTIFIER</b>	Branch of military (most recent) <span style="float: right;">Rank/organization/outfit(most recent)</span> ---				
	Date entered(most recent)		Date Discharged (most recent)		Service Number(most recent)
	---				
	Certifier <b>RICHARD J. EVANS, MD</b> <span style="float: right;">Lic # <b>58622</b></span>				
	Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>				
Immediate Cause of Death <b>PENDING</b>					
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> <span style="float: right;">Lic # <b>50277</b></span>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JUNE 06, 2016</b>		
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	State Tracking # <b>024232</b>		Local Permit # <b>16-7</b>		
	Date <b>JUNE 01, 2016</b>		Date <b>JUNE 03, 2016</b>		
			Name of Agent <b>JAMES F. HEGARTY</b>		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature	
				X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000112082 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 011198</b> <div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-2deg);">           RECEIVED            TOWN CLERK'S OFFICE            2016 JUN 13 P 3:30            SOUTHBOROUGH, MA         </div>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>CUMMINGS , LEON A.</b>				
	Place of Death <b>20 FLAGG ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>MARCH 11, 2016</b>		Date of Birth <b>MARCH 03, 1923</b>		Sex <b>MALE</b>
	Residence <b>20 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) --- Branch of military (most recent) --- Rank/organization/outfit(most recent) --- Date entered(most recent) --- Date Discharged (most recent) --- Service Number(most recent) ---				
CERTIFIER	Certifier <b>MATTHEW BEAN, MD</b> Lic # <b>224284</b>				
	Addr. <b>24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	Immediate Cause of Death <b>CRYPTOGENIC CIRRHOSIS</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>NANCYG MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>REMOVAL FROM STATE</b>		Date of Disposition <b>MARCH 17, 2016</b>		
	Place/Address <b>FORBES DISTRICT CEMETERY, ELLINGWOOD ROAD, WEST PARIS, MAINE</b>				
<b>Endorsements</b>					
PERMIT	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	State Tracking # <b>011198</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>MARCH 11, 2016</b>		Date ---		
			Name of Agent ---		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <div style="font-size: 1.2em; font-family: cursive;">Forbes District Cemetery</div>		Signature <div style="font-size: 1.2em; font-family: cursive;">x Dennis Stevens</div>		
	Disposition Type <div style="font-size: 1.2em; font-family: cursive;">burial</div>	Date of Disposition <div style="font-size: 1.2em; font-family: cursive;">5-7-2016</div>	Name of Superintendent or Authorized Designee: <div style="font-size: 1.2em; font-family: cursive;">Dennis Stevens</div>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.





0000112082

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 011198

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	CUMMINGS , LEON A.		
	Place of Death	20 FLAGG ROAD, SOUTHBOROUGH, MA		
	Date of Death	MARCH 11, 2016	Date of Birth	MARCH 03, 1923
	Sex	MALE		
	Residence	20 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)			
	Branch of military (most recent)			Rank/organization/outfit(most recent)
	Date entered(most recent)			Date Discharged (most recent)
	Service Number(most recent)			
CERTIFIER	Certifier	MATTHEW BEAN, MD		
	Addr.	24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	Immediate Cause of Death	CRYPTOGENIC CIRRHOSIS		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	REMOVAL FROM STATE	Date of Disposition
	Place/Address	FORBES DISTRICT CEMETERY, ELLINGWOOD ROAD, WEST PARIS, MAINE	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	011198	Local Permit #	16-4
	Date	MARCH 11, 2016	Date	MARCH 14, 2016
			Name of Agent	JAMES F. HEGARTY



CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000119862 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 017915</b> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>TOWN CLERK'S OFFICE</b> </div> <div style="text-align: right; font-weight: bold;">2016 MAY -4 1 A 9:24</div>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>FALLON , BEVERLY ANN</b> <span style="float: right;"><b>SOUTHBOROUGH, MA</b></span>				
	Place of Death <b>60 BREAKNECK HILL ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>APRIL 18, 2016</b> <span style="margin-left: 100px;">Date of Birth <b>JANUARY 17, 1937</b></span> <span style="float: right;">Sex <b>FEMALE</b></span>				
	Residence <b>60 BREAKNECK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
<b>CERTIFIER</b>	Certifier <b>ARDESHIR HASHMI, MD</b> <span style="float: right;">Lic # <b>251041</b></span>				
	Addr. <b>165 CAMBRIDGE STREET, 401, BOSTON, MASSACHUSETTS 02114</b>				
	Immediate Cause of Death <b>CARDIOPULMONARY ARREST</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCYG MORRIS</b> <span style="float: right;">Lic # <b>50277</b></span>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>BURIAL</b> <span style="float: right;">Date of Disposition <b>APRIL 22, 2016</b></span>				
	Place/Address <b>ST. PATICK CEMETERY, 180 POND STREET, NATICK, MASSACHUSETTS 01760</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	State Tracking # <b>017915</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>APRIL 21, 2016</b>		Date _____ Name of Agent _____		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <b>St Patrick Cemetery 180 Pond St Natick</b>			Signature <div style="text-align: center;">X</div>	
	Disposition Type <b>Burial</b>	Date of Disposition <b>4-25-2016</b>	Name of Superintendent or Authorized Designee: 		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000119862 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 017915</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>FALLON , BEVERLY ANN</b>				
	Place of Death <b>60 BREAKNECK HILL ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>APRIL 18, 2016</b>		Date of Birth <b>JANUARY 17, 1937</b>		Sex <b>FEMALE</b>
	Residence <b>60 BREAKNECK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
<b>CERTIFIER</b>	Certifier <b>ARDESHIR HASHMI, MD</b> Lic # <b>251041</b>				
	Addr. <b>165 CAMBRIDGE STREET, 401, BOSTON, MASSACHUSETTS 02114</b>				
	Immediate Cause of Death <b>CARDIOPULMONARY ARREST</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>BURIAL</b>		Date of Disposition <b>APRIL 22, 2016</b>		
	Place/Address <b>ST. PATICK CEMETERY, 180 POND STREET, NATICK, MASSACHUSETTS 01760</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	State Tracking # <b>017915</b>		Local Permit # <b>16-6</b>		
	Date <b>APRIL 21, 2016</b>		Date <b>APRIL 22, 2016</b>		
			Name of Agent <b>JAMES F. HEGARTY</b>		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature  <div style="text-align: center;">X</div>	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000115601

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 013917

RECEIVED  
TOWN CLERK'S OFFICE

2016 MAY -4 A 9:24

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>SARKIS, HOVHANES A</b>		<b>SOUTHBOROUGH, MA</b>	
	Place of Death <b>175 PARKERVILLE ROAD, SOUTHBOROUGH, MA</b>			
	Date of Death <b>MARCH 23, 2016</b>		Date of Birth <b>MARCH 10, 1930</b> Sex <b>MALE</b>	
	Residence <b>175 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
CERTIFIER	Branch of military (most recent) ---		Rank/organization/outfit (most recent) ---	
	Date entered (most recent) ---		Date Discharged (most recent) ---	
	Service Number (most recent) ---			
	Certifier <b>FRANK CHAU, MD</b>		Lic # <b>203693</b>	
	Addr. <b>24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772</b>			
DISPOSITION	Immediate Cause of Death <b>CARDIAC ARREST</b>			
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
	Funeral Licensee/ Designee <b>ADRIANNE FAGGAS</b>		Lic # <b>7457</b>	
	Facility. <b>FAGGAS FUNERAL HOME, INC., WATERTOWN, MASSACHUSETTS</b>			
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>MARCH 30, 2016</b>	
PERMIT	Place/Address <b>MOUNT AUBURN CEMETERY, 580 MOUNT AUBURN STREET, CAMBRIDGE, MASSACHUSETTS 02138</b>			
	Endorsements			
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>	
	State Tracking # <b>013917</b>		Local Permit # <b>E-PERMIT</b>	
	Date <b>MARCH 29, 2016</b>		Date --- Name of Agent ---	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address) <b>Mount Auburn Cemetery &amp; Crematory Cambridge, Ma</b>		Signature X	
	Disposition Type <b>Cremation</b>	Date of Disposition <b>APR -1 2016</b>	Name of Superintendent or Authorized Designee: 	

## Acceptance of Permit

FD pickup 4-6-16

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.


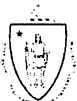
 0000115601 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 013917</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>SARKIS , HOVHANES A</b>				
	Place of Death <b>175 PARKERVILLE ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>MARCH 23, 2016</b>		Date of Birth <b>MARCH 10, 1930</b>		Sex <b>MALE</b>
	Residence <b>175 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---		
Date entered(most recent) ---		Date Discharged (most recent) ---		Service Number(most recent) ---	
<b>CERTIFIER</b>	Certifier <b>FRANK CHAU, MD</b>				Lic # <b>203693</b>
	Addr. <b>24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772</b>				
	Immediate Cause of Death <b>CARDIAC ARREST</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>ADRIANNE FAGGAS</b>				Lic # <b>7457</b>
	Facility. <b>FAGGAS FUNERAL HOME, INC., WATERTOWN, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>MARCH 30, 2016</b>		
	Place/Address <b>MOUNT AUBURN CEMETERY, 580 MOUNT AUBURN STREET, CAMBRIDGE, MASSACHUSETTS 02138</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	State Tracking # <b>013917</b>		Local Permit # <b>16-5</b>		
	Date <b>MARCH 29, 2016</b>		Date <b>MARCH 29, 2016</b>		
		Name of Agent <b>JAMES F. HEGARTY</b>			
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature	
				X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000097523 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2015 058290</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>LANDES , ARLENE T</b>				
	Place of Death <b>12 WYNDEMERE DRIVE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>DECEMBER 31, 2015</b>		Date of Birth <b>JUNE 04, 1930</b>		Sex <b>FEMALE</b>
	Residence <b>12 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
<b>CERTIFIER</b>	Branch of military (most recent) <span style="float: right;">Rank/organization/outfit(most recent)</span> ---				
	Date entered(most recent)		Date Discharged (most recent)		Service Number(most recent)
	Certifier <b>JOSEPH W FRANCES, MD</b> <span style="float: right;">Lic # <b>1861830416</b></span>				
	Addr. <b>55 FRUIT STREET, YAWKEY 108, BOSTON, MASSACHUSETTS 02114</b>				
	Immediate Cause of Death <b>METASTATIC RENAL CELL CARCINOMA</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>JOHN P ROWE</b> <span style="float: right;">Lic # <b>5375</b></span>				
	Facility. <b>JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>BURIAL</b>		Date of Disposition <b>JANUARY 09, 2016</b>		
	Place/Address <b>CALVARY CEMETERY, 3469 LINCOLN WAY E, MASSILLON, OHIO 44646</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	State Tracking # <b>058290</b>		Local Permit # <b>16-1</b>		
	Date <b>JANUARY 02, 2016</b>		Date <b>JANUARY 04, 2016</b> Name of Agent <b>JAMES F. HEGARTY</b>		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature  X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000101785

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 003537

Information necessary for the Certificate of Death has been completed for:

DECEASED	Decedent Name <b>DALZELL , ELAINE ---</b>		
	Place of Death <b>97 TURNPIKE ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JANUARY 22, 2016</b>	Date of Birth <b>JUNE 13, 1956</b>	Sex <b>FEMALE</b>
	Residence <b>97 TURNPIKE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier <b>CHRISTINA W GELEV, MD</b>		Lic # <b>72739</b>
	Addr. <b>40 2ND AVENUE, SUITE 400, WALTHAM, MASSACHUSETTS 02154</b>		
DISPOSITION	Immediate Cause of Death <b>METASTATIC BREAST CANCER</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>CHRISTOPHER P GOULET, SR</b>		Lic # <b>50719</b>
	Facility. <b>HAMEL, WICKENS &amp; TROUPE FUNERAL HOME, QUINCY, MASSACHUSETTS</b>		
PERMIT	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JANUARY 27, 2016</b>
	Place/Address <b>BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184</b>		
	Endorsements		
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
CONFIRMATION	State Tracking # <b>003537</b>		Local Permit # <b>16-2</b>
	Date <b>JANUARY 26, 2016</b>		Date <b>JANUARY 26, 2016</b>
			Name of Agent <b>JAMES F. HEGARTY</b>
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
CONFIRMATION	Place of Disposition (Facility Name and Address)		Signature  <b>X</b>
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000101785

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 003537

**RECEIVED**  
**TOWN CLERK'S OFFICE**

2016 FEB -2 P 2:10

Information necessary for the Certificate of Death has been completed for:

<b>DECEDENT</b>	Decedent Name <b>DALZELL , ELAINE ---</b>		<b>SOUTHBOROUGH, MA</b>	
	Place of Death <b>97 TURNPIKE ROAD, SOUTHBOROUGH, MA</b>			
	Date of Death <b>JANUARY 22, 2016</b>	Date of Birth <b>JUNE 13, 1956</b>	Sex <b>FEMALE</b>	
	Residence <b>97 TURNPIKE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
<b>CERTIFIER</b>	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---	
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---	
	Certifier <b>CHRISTINA W GELEV, MD</b>		Lic # <b>72739</b>	
	Addr. <b>40 2ND AVENUE, SUITE 400, WALTHAM, MASSACHUSETTS 02154</b>			
	Immediate Cause of Death <b>METASTATIC BREAST CANCER</b>			
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>CHRISTOPHER P GOULET, SR</b>		Lic # <b>50719</b>	
	Facility. <b>HAMEL, WICKENS &amp; TROUPE FUNERAL HOME, QUINCY, MASSACHUSETTS</b>			
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JANUARY 27, 2016</b>	
	Place/Address <b>BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184</b>			
<b>Endorsements</b>				
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>	
	State Tracking # <b>003537</b>		Local Permit # <b>E-PERMIT</b>	
	Date <b>JANUARY 26, 2016</b>		Date --- Name of Agent ---	
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>			
	Place of Disposition (Facility Name and Address) <b>Blue Hill Cemetery and Crematory 700 West Street, Braintree, MA 02184</b>		Signature X	
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>01-27-2016</b>	Name of Superintendent or Authorized Designee: <b>Gerald M. Ridge, Jr., President</b>	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.





0000111243

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File # **2016 010734**

OCME CASE # 2016-3086

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEASED</b>	<i>Decedent Name</i> <b>CAMPBELL , JANET H.</b>	
	<i>Place of Death</i> <b>251 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b>	
	<i>Date of Death</i> <b>MARCH 08, 2016</b> <i>Date of Birth</i> <b>JUNE 26, 1935</b> <i>Sex</i> <b>FEMALE</b>	
	<i>Residence</i> <b>251 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>	
<b>CERTIFIER</b>	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b>	
	<i>Branch of military (most recent)</i> <i>Rank/organization/outfit(most recent)</i> --- ---	
	<i>Date entered(most recent)</i> <i>Date Discharged (most recent)</i> <i>Service Number(most recent)</i> --- --- ---	
	<i>Certifier</i> <b>RICHARD J. EVANS, MD</b> <i>Lic #</i> <b>58622</b>	
<b>DISPOSITION</b>	<i>Addr.</i> <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>	
	<i>Immediate Cause of Death</i> <b>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>	
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>	
<b>DISPOSITION</b>	<i>Funeral Licensee/ Designee</i> <b>NANCY G MORRIS</b> <i>Lic #</i> <b>50277</b>	
	<i>Facility.</i> <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>	
	<i>Disposition Type</i> <b>CREMATION</b> <i>Date of Disposition</i> <b>MARCH 10, 2016</b>	
	<i>Place/Address</i> <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>	
<b>Endorsements</b>		
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b> <b>Board of Health/Agent for: SOUTHBOROUGH</b>	
	<i>State Tracking #</i> <b>010734</b> <i>Local Permit #</i> <b>16-3</b>	
	<i>Date</i> <b>MARCH 09, 2016</b> <i>Date</i> <b>MARCH 11, 2016</b> <i>Name of Agent</i> <b>JAMES F. HEGARTY</b>	
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>	
	<i>Place of Disposition (Facility Name and Address)</i>	<i>Signature</i>  X
	<i>Disposition Type</i> <i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>


**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

63389

 0000111243 Form R-309 07011204		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 010734</b> <b>RECEIVED</b> OCME CASE # 2016-3086 <b>APR 07 2016</b>					
<b>Information necessary for the Certificate of Death has been completed for:</b>									
<b>DECEASED</b> Decedent Name <b>CAMPBELL JANET H</b> Place of Death <b>SOUTHBOROUGH, MA</b> Date of Death <b>MARCH 08, 2016</b> Date of Birth <b>JUNE 26, 1935</b> Sex <b>FEMALE</b> Residence <b>251 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b> If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) <b>---</b> Rank/organization/outfit (most recent) <b>---</b> Date entered (most recent) <b>---</b> Date Discharged (most recent) <b>---</b> Service Number (most recent) <b>---</b>									
<b>CERTIFIER</b> Certifier <b>RICHARD J. EVANS, MD</b> Lic # <b>58622</b> Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b> Immediate Cause of Death <b>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>									
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>									
<b>DISPOSITION</b> Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>MARCH 10, 2016</b> Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>									
<b>Endorsements</b>									
<b>PERMIT</b> <table border="1"> <tr> <td> Registry of Vital Records and Statistics  State Tracking # <b>010734</b>  Date <b>MARCH 09, 2016</b> </td> <td> Board of Health/Agent for: <b>SOUTHBOROUGH</b>  Local Permit # <b>E-PERMIT</b>  Date <b>---</b>  Name of Agent <b>---</b> </td> </tr> </table>						Registry of Vital Records and Statistics State Tracking # <b>010734</b> Date <b>MARCH 09, 2016</b>	Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date <b>---</b> Name of Agent <b>---</b>		
Registry of Vital Records and Statistics State Tracking # <b>010734</b> Date <b>MARCH 09, 2016</b>	Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date <b>---</b> Name of Agent <b>---</b>								
<b>CONFIRMATION</b> I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: <table border="1"> <tr> <td> Place of Disposition (Facility Name and Address)  <b>Rural Crematory 180 Grove Street Worcester, MA 01605</b> </td> <td> Signature  <b>John H. Cobill</b>  X </td> </tr> <tr> <td> Disposition Type <b>Cremation</b> Date of Disposition <b>MAR 11 2016</b> </td> <td> Name of Superintendent or Authorized Designee:  <b>John H Cobill</b> </td> </tr> </table>						Place of Disposition (Facility Name and Address) <b>Rural Crematory 180 Grove Street Worcester, MA 01605</b>	Signature <b>John H. Cobill</b> X	Disposition Type <b>Cremation</b> Date of Disposition <b>MAR 11 2016</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>
Place of Disposition (Facility Name and Address) <b>Rural Crematory 180 Grove Street Worcester, MA 01605</b>	Signature <b>John H. Cobill</b> X								
Disposition Type <b>Cremation</b> Date of Disposition <b>MAR 11 2016</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>								


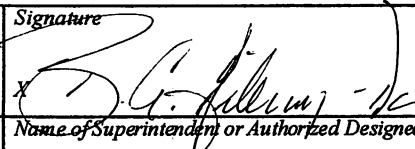
#### Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

63389

 0000111243 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2016 010734</b> OCME CASE # 2016-3886	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>CAMPBELL , JANET H.</b>				
	Place of Death <b>251 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>MARCH 08, 2016</b>		Date of Birth <b>JUNE 26, 1935</b>		Sex <b>FEMALE</b>
	Residence <b>251 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier <b>RICHARD J. EVANS, MD</b> Lic # <b>58622</b>				
	Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>				
	Immediate Cause of Death <b>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>MARCH 10, 2016</b>		
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>010734</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>MARCH 09, 2016</b>		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. 3, Grv#4B, Lot 48A</b>		Signature 		
	Disposition Type <b>Burial of cremated remains</b>	Date of Disposition <b>March 18, 2016</b>	Name of Superintendent or Authorized Designee: <b>Bridget A. Gilleney-DeCenzo</b>		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



52



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**CERTIFICATE OF DEATH**

State File # **2016 034930**Registered # **153**

DECEDENT	Place of Death	<b>19 BROOKWAY DRIVE, SHREWSBURY, MA</b>		
	Date of Death	<b>AUGUST 10, 2016</b>	Age	<b>78 YRS</b>
			Sex	<b>MALE</b>
	Current Name	<b>MAGUIRE , JOSEPH ANDREW</b>		
	Surname at Birth or Adoption	<b>MAGUIRE</b>	SSN	<b>031-26-6067</b>
	AKA	---		
	Date of Birth	<b>AUGUST 08, 1938</b>	Birthplace	<b>MARLBOROUGH, MASSACHUSETTS</b>
	Residence	<b>19 BROOKWAY DRIVE, SHREWSBURY, MASSACHUSETTS 01545</b>		
	Race	<b>WHITE</b>	Education	<b>9TH - 12TH GRADE, NO DIPLOMA</b>
	Marital Status	<b>DIVORCED</b>		
Occupation/Industry	<b>OFFICE MANAGER/TRUCKING</b>			
Last Spouse – Last, First, Middle (Surname at Birth or Adoption)	<b>MAGUIRE, NANCY (CHASE)</b>		Decedent: U.S. Veteran (Most Recent)	
			<b>VIETNAM</b>	
Mother/Parent Name – Last, First Middle (Surname at Birth or Adoption)	<b>MAGUIRE, CATHERINE (CHASE)</b>		Birthplace	
			<b>MASSACHUSETTS</b>	
Father/Parent Name – Last, First Middle (Surname at Birth or Adoption)	<b>MAGUIRE, BENEDICT T (MAGUIRE)</b>		Birthplace	
			<b>MASSACHUSETTS</b>	
MEDICAL CERTIFIER	Part I. Cause of Death – Sequentially list immediate cause then antecedent causes then underlying cause			Interval between onset and death
	a. Immediate Cause (Final condition resulting in death)			
	<b>PNEUMONITIS</b>			<b>2 MOS.</b>
	b. Due to or as a consequence of:			
	<b>FAILURE TO THRIVE</b>			<b>2 YRS.</b>
	c. Due to or as a consequence of:			
	<b>ESOPHAGEAL ADENOCARCINOMA</b>			<b>2 YRS.</b>
	d. Due to or as a consequence of:			
	---			---
	Part II. Other significant conditions contributing to death but not resulting in underlying cause			Manner of Death:
---			<b>NATURAL</b>	
			Time of Death: <b>05:00 AM</b>	
			Result of Injury: <b>NO</b>	
Certifier <b>JOSEPH DAIGNEAULT, MD</b>			Lic # <b>74792</b>	
Addr. <b>24 JULIO DRIVE, SHREWSBURY, MASSACHUSETTS 01545</b>				
DISPOSITION	Funeral Licensee/ Designee	<b>NANCY G MORRIS</b>	Lic # <b>50277</b>	
	Facility/Addr.	<b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Immediate Disposition	<b>BURIAL</b>		
	Date of Immediate Disposition	<b>AUGUST 15, 2016</b>		
	Place/Address	<b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	Date of Record	<b>AUGUST 12, 2016</b>		
	Date of Amendment	---		

*Sandra E. Wright*


**CLERK, TOWN OF SHREWSBURY**

DATE ISSUED: **AUGUST 12, 2016**

I, the undersigned, hereby certify that I am the Clerk of the Town of Shrewsbury; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records, as held in the Commonwealth's central vital records information repository.

*Sandra E. Wright*

Clerk  
Town of Shrewsbury


 0000155406 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 040916</b> OCME CASE # 2016-11558	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>CHALIFOUX , LAURA VIRGINIA</b>				
	Place of Death <b>1 HIGHRIDGE ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>SEPTEMBER 16, 2016</b>		Date of Birth <b>MAY 01, 1940</b>		Sex <b>FEMALE</b>
	Residence <b>1 HIGH RIDGE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged(most recent) _____ Service Number(most recent) _____				
<b>CERTIFIER</b>	Certifier <b>FARYL SANDLER, MD</b> Lic # <b>158798</b>				
	Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b>				
	Immediate Cause of Death <b>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>BURIAL</b>		Date of Disposition <b>SEPTEMBER 27, 2016</b>		
	Place/Address <b>ST PETER'S CEMETERY, DREWSVILLE ROAD, WALPOLE, NEW HAMPSHIRE 03608</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>040916</b>		Local Permit # <b>16-15</b>		
	Date <b>SEPTEMBER 21, 2016</b>		Date <b>SEPTEMBER 22, 2016</b> Name of Agent <b>JAMES F. HEGARTY</b>		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature  <div style="text-align: center;">X</div>	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000171806 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2016 051552</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>BENJAMIN , HAROLD ---</b>				
	Place of Death <b>69 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>NOVEMBER 27, 2016</b>		Date of Birth <b>MARCH 28, 1940</b>		Sex <b>MALE</b>
	Residence <b>69 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) <b>---</b> Rank/organization/outfit(most recent) <b>---</b> Date entered(most recent) <b>---</b> Date Discharged (most recent) <b>---</b> Service Number(most recent) <b>---</b>				
<b>CERTIFIER</b>	Certifier <b>HAROLD SOLOMON, MD</b> Lic # <b>31851</b>				
	Addr. <b>25 BOYLSTON STREET, CHESTNUT HILL, MASSACHUSETTS 02467</b>				
	Immediate Cause of Death <b>RESPIRATORY FAILURE</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>RICHARD S MANSFIELD</b> Lic # <b>EM 5788-3</b>				
	Facility. <b>MILES FUNERAL HOME, HOLDEN, MASSACHUSETTS</b>				
	Disposition Type <b>BURIAL</b>		Date of Disposition <b>NOVEMBER 29, 2016</b>		
	Place/Address <b>B'NAI B'RITH CEMETERY, 55 ST. JOHNS ROAD, WORCESTER, MASSACHUSETTS 01603</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>051552</b>		Local Permit # <b>16-18</b>		
	Date <b>NOVEMBER 28, 2016</b>		Date <b>NOVEMBER 30, 2016</b> Name of Agent <b>JAMES F. HEGARTY</b>		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature  X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000159421

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 042801

RECEIVED  
TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2016 OCT -4 P 1: 28

DECEDENT	Decedent Name <b>MAYTHAM , MARCIA ANN</b>		<b>SOUTHBOROUGH, MA</b>	
	Place of Death <b>125 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA</b>			
	Date of Death <b>OCTOBER 01, 2016</b>	Date of Birth <b>MARCH 24, 1938</b>	Sex <b>FEMALE</b>	
	Residence <b>125 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---	
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---	
	Certifier <b>CHARLES A MORRIS, MD</b>		Lic # <b>215790</b>	
	Addr. <b>75 FRANCIS STREET, BOSTON, MASSACHUSETTS 02115</b>			
CERTIFIER	Immediate Cause of Death <b>PARKINSON'S DISEASE</b>			
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>		Lic # <b>50277</b>	
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>			
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>OCTOBER 05, 2016</b>	
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			
Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>	
	State Tracking # <b>042801</b>		Local Permit # <b>16-16</b>	
	Date <b>OCTOBER 04, 2016</b>		Date <b>OCTOBER 04, 2016</b>	
		Name of Agent <b>JAMES F. HEGARTY</b>		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)		Signature	
			X	
Disposition Type		Date of Disposition	Name of Superintendent or Authorized Designee:	

**Acceptance of Permit**

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

#64713



0000159421

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 042801

RECEIVED  
TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2016 NOV - 11 P 5:35

DECEDENT	Decedent Name <b>MAYTHAM , MARCIA ANN</b>		<b>SOUTHBOROUGH, MA</b>	
	Place of Death <b>125 CARRIAGE HILL ROAD, SOUTHBOROUGH, MA</b>			
	Date of Death <b>OCTOBER 01, 2016</b>	Date of Birth <b>MARCH 24, 1938</b>	Sex <b>FEMALE</b>	
	Residence <b>125 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---	
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---	
	Certifier <b>CHARLES A MORRIS, MD</b>		Lic # <b>215790</b>	
DISPOSITION	Addr. <b>75 FRANCIS STREET, BOSTON, MASSACHUSETTS 02115</b>			
	Immediate Cause of Death <b>PARKINSON'S DISEASE</b>			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/ Designee <b>NANCYG MORRIS</b>		Lic # <b>50277</b>	
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>			
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>OCTOBER05, 2016</b>	
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			
Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>	
	State Tracking # <b>042801</b>		Local Permit # <b>E-PERMIT</b>	
	Date <b>OCTOBER 04, 2016</b>		Date --- Name of Agent ---	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility, Name and Address) <b>Rural Crematory 180 Grove Street Worcester, MA 01605</b>		Signature <b>X John H Cobill</b>	
	Disposition Type <b>Cremation</b>	Date of Disposition <b>OCT 06 2016</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.





0000163542

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2016 046170

Information necessary for the Certificate of Death has been completed for:

<b>DECEDENT</b>	Decedent Name <b>STONE , TIMOTHY PICKERING</b>		
	Place of Death <b>42 MAIN STREET, SOUTHBOROUGH, MA</b>		
	Date of Death <b>OCTOBER 24, 2016</b>	Date of Birth <b>SEPTEMBER 03, 1915</b>	Sex <b>MALE</b>
	Residence <b>42 MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<b>CERTIFIER</b>	If U.S. veteran, specify war/conflict(s) (most recent) <b>WWII</b>		
	Branch of military (most recent) <b>ARMY</b>		Rank/organization/outfit(most recent) <b>MAJOR/MEDICAL DETACHMENT 337TH INFANTRY</b>
	Date entered(most recent) <b>JULY 30, 1943</b>	Date Discharged (most recent) <b>MAY 21, 1946</b>	Service Number(most recent) <b>0439295</b>
	Certifier <b>EDWARD HOFFER, MD</b>		Lic # <b>35453</b>
	Addr. <b>655 CONCORD STREET, FRAMINGHAM, MASSACHUSETTS 01702</b>		
<b>DISPOSITION</b>	Immediate Cause of Death <b>SQUAMOUS METASTATIC CANCER</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>		Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
<b>PERMIT</b>	Disposition Type <b>CREMATION</b>		Date of Disposition <b>OCTOBER 26, 2016</b>
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
	<b>Endorsements</b>		
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
<b>CONFIRMATION</b>	State Tracking # <b>046170</b>		Local Permit # <b>16-17</b>
	Date <b>OCTOBER 25, 2016</b>		Date <b>OCTOBER 26, 2016</b>
			Name of Agent <b>JAMES F. HEGARTY</b>
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
<b>CONFIRMATION</b>	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:


**Acceptance of Permit**

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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 0000163542 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL  OR TRANSPORTATION  PERMIT</b>		State File # <b>2016 046170</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>STONE, TIMOTHY PICKERING</b>				
	Place of Death <b>42 MAIN STREET, SOUTHBOROUGH, MA</b>				
	Date of Death <b>OCTOBER 24, 2016</b>		Date of Birth <b>SEPTEMBER 03, 1915</b>		Sex <b>MALE</b>
	Residence <b>42 MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>WWII</b> Branch of military (most recent) <b>ARMY</b> Rank/organization/outfit (most recent) <b>MAJOR/MEDICAL DETACHMENT 337TH INFANTRY</b> Date entered (most recent) <b>JULY 30, 1943</b> Date Discharged (most recent) <b>MAY 21, 1946</b> Service Number (most recent) <b>0439295</b>				
CERTIFIER	Certifier <b>EDWARD HOFFER, MD</b> Lic # <b>35453</b> Addr. <b>655 CONCORD STREET, FRAMINGHAM, MASSACHUSETTS 01702</b>				
	Immediate Cause of Death <b>SQUAMOUS METASTATIC CANCER</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>NANCYG MORRIS</b> Lic # <b>50277</b> Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>OCTOBER 26, 2016</b> Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics State Tracking # <b>046170</b> Date <b>OCTOBER 25, 2016</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date <b>---</b> Name of Agent <b>---</b>		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY  11 CONCORD AVENUE, SOUTHBOROUGH, MA  SEC: 11, GRV # 1588</b>		Signature <b>[Signature]</b>		
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>DEC: 8, 2016</b>	Name of Superintendent or Authorized Designee: <b>[Signature]</b>		

#### Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of  
DecedentCharles Donaldson

Sex

M

Date of Death

Dec 25, 1976Place of  
DeathMarbleborough, MADate of  
BirthJan 2, 1890Immediate  
Causegastric hemorrhage

Certifier

John Cheek M.D./DOPermit  
Issued ToMorris FHDisposition  
AtHope Cemetery WorcesterName of  
FacilityMorris FHDate Permit  
IssuedNov 17, 2016DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Perin Clerk

(Office issuing permit)

City/Town of

Southborough

Mass.

Name of Decedent

Charles Donaldson

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its terms

at

Hope Cemetery, Southborough, MA

(Name of cemetery or crematory)

(City/Town)

on

November 21, 2016

Final Disposition

Removal from SEC. 1A, LOT 4C, GRV. 1  
to burial at Hope Cemetery, Worcester, MA

Certified by

[Signature]

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

## The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICSNo. 06-15

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

SOUTHBOROUGH, MA, 16 10 2006  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

BRITTON-SUMMERS FUNERAL HOME, INC., 4 Church St. Westborough, MA 01581  
(Name) (Address)

for the removal from RURAL CEMETERY, Southborough, MA and the interment  
(To be filled out in case of removal)

at Saint Luke's Cemetery, Westborough, MA of the  
(Name of cemetery)

body of MADISON ROSEANNE WEBSTER who died Nov 6 2001  
(Give full name of deceased) (Month) (Day) (Year)

age — years, — months, — days.  
PREVIABLE FETUS

Cause of death PREVIABLE FETUS

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death 37 Robn Rd, Westborough MA

Paul J. Bony  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK'S OFFICE  
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased MADISON ROSEANNE WEBSTER

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its terms  
Removal

at Rural Cemetery Southborough, MA  
(Name of cemetery or crematory) (City or town)

on November 16, 2006

From Sec. B-West, Lot 43N.E., Grv#2A

Certified by Paul J. Bony  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.